

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34091

ED NOV 13 1943

Registration District No. 338

Primary Registration District No. 3.006-5720

State File No. _____

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1012 Jefferson St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 years years, months or days)

3. (a) PRINT
FULL NAME

Anna Martin

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Female 5. Color of White 6. (a) Single, widowed, married
race White divorced Married
6. (b) Name of husband or wife Foster Martin 6. (c) Age of husband or wife if
alive 66 years
7. Birth date of deceased May 10 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 27 hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. E. Jones
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Forbis
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Foster Martin

(b) Address 1012 Jefferson St Columbia Mo

17. (a) Burial (b) Date thereof 10/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Co. Ark

18. (a) Signature of funeral director W. E. Burnett

(b) Address Osland Mo

19. (a) 10-18-43 (b) E. O. H. Burbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 Jefferson St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1943 hour 5 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Sept-
10, 1941, to Oct-17, 1943
that I last saw her alive on Oct-12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to ✓

Due to _____

Other conditions 2 Degree burn on
(Include pregnancy within 3 months of death)
Abdomen & Shoulder Oct-1943

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 118

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature J. C. Suggitt (M. D. or other M. D.)

Address Columbia, Mo Date signed 10-18-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. L. Burnett

Licensed Embalmer No. 3564

P. O. Address: Ashtland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 245

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Anne Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased May 20
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days no (less than one day) min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death abrupt heart failure

Due to _____
Due to _____

Other conditions 2 degree burn on rt arm & shoulder - Oct 14, 1943
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 181-15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Dress sleeve caught fire from gas stove in her home on Oct-9-43
(b) Date of occurrence _____
(c) Where did injury occur? Columbia (City or town) _____ (County) _____ (State) MO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home while cooking on gas stove
(Specify type of place) _____
While at work? yes (c) Means of injury _____

23. Signature J. C. Suggatt (M. D. or other) M.D.
Address Columbia Date signed 11-15-43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

34091